

### **STAFF OR VOLUNTEER HEALTH HISTORY**

NAME \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

HEALTH INFORMATION: Provide information on any medical conditions, psychological conditions, behavioral conditions, medications, dietary restrictions, allergies, or special needs:

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Staff or Volunteer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **STAFF OR VOLUNTEER UNDER 18**

All staff or volunteers under 18 years old must be current on all immunizations.

1. Was staff/volunteer enrolled in a Maryland school, public or private, within the past year?

- ☐ YES, provide name of Maryland school: \_\_\_\_\_
- ☐ NO, provide a copy of immunizations confirming that the child has received all immunizations as required by the Maryland DHMH Recommended Childhood Immunization Schedule. See [www.EDCP.org](http://www.EDCP.org) (Immunization) for information.

2. Is staff/volunteer exempt from any immunization on medical or religious grounds?

- ☐ YES, provide a signed copy of Maryland Department of Health and Mental Hygiene Immunization Certificate from either a licensed physician indicating that the immunization is medically contraindicated, or the parent or guardian indicating that they object to immunizations for religious reasons
- ☐ NO

Parent or Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_